MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05412

WITHIN CORPORATE LIMITS OF (134-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 406 9th Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 406 9th Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Rebecca Helen Virginia Arnold

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Elmer Arnold.
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 22 1860

8. AGE:

Years	Months	Days	If less than one day
79	5	26	hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name John W Bartlett
13. Birthplace Virginia

MOTHER
14. Maiden name Elizabeth Kerns
15. Birthplace Michigan

16. Informant Mrs Marie Byrd
Address Brunswick Md.

17. Burial Date thereof May 23 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Park Heights
Location Brunswick Md.

18. Funeral director C. H. Fuller Bro
Address Brunswick Md.

19. May 24 1940 Chas H. Hodges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 20 1940, and that I last saw h alive on May 17 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	5/14/40
Cerebral Edema	5/15/40
Due to hypertension & arteriosclerosis	(?)
Due to Senility & Chronic Nephritis	
Other conditions My remedies & fluctuation	1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE C. C. Talbert & Bro M. D. or other
Address Jefferson Md. Date signed 5/20/40

RECEIVED
JUN 4 1940
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

05413

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City~~ or town Emmitsburg (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Baker

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed, or divorced.~~ married

6 (b) Name of ~~husband or wife~~ Stella J. Adams

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 23, 1870

8. AGE: Years 69 | Months 11 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Penna (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name James Baker

13. Birthplace Adams Co. Pa.

MOTHER

14. Maiden Name Mary Hender

15. Birthplace Frederick Co. Md.

16 (a) Informant Miss Adelsberger, Emergency

(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 28, 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. Joseph

Location Emmitsburg, Md

18 (a) Funeral director S. L. Allison

(b) Address Emmitsburg Md

19 (a) 26 May 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death May 25 1940, at 6 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1940, to May 25 1940, and that I last saw him alive on May 25 1940.

Immediate cause of death	Duration
Chronic myocarditis	6 months +
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick Md Date signed 5/25/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-30)

05414

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 19 East 4 St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 16 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Fred.
City or town Brunswick. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 19 East 4 St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Irene Barger

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband or wife George O Barger
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) 7 April 7, 1883
8. AGE: Years 57 Months 2 Days 7 If less than one day ___ hrs. ___ min.
9. Birthplace West Virginia (Town, county, and state)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant George O Barger
Address Brunswick Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 3 40 (month) (day) (year)
Cemetery or crematory Park Heights
Location Brunswick Md
18. Funeral director C. H. Futer & Bro
Address Brunswick Md
19. May 2 1940 (Date rec'd by registrar) Wm H S. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 8A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29 1940, to April 30 1940, and that I last saw her alive on April 30, 1940.
Immediate cause of death Cancer of Lung In Emergency Hospital
Due to Cl Wk before death
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Levin Wise M. D. or other
Address Brunswick Date signed May 2 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(932)

05415

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 474 W. Patrick St.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 474 W. Patrick St.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Arthur Bentz

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Florence Wiles

6(c) If alive, give age 53yrs years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1870

8. AGE: Years	Months	Days	If less than one day
70	4	4	____ hrs. ____ min.

9. Birthplace Frederick, Fred., Md.

(Town, county, and state)

10. Usual occupation Grocer

11. Industry or business

FATHER 12. Name George Bentz,

13. Birthplace Frederick, Md.

MOTHER 14. Maiden name Sarah (Unknown)

15. Birthplace Frederick, Md.

16. Informant Mr. Lewis E. Bentz,

Address Hagerstown, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5 / 16 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery,

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 16- May 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th., 1940, at 7.45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 15 1926 to May 14 1940, and that I last saw him alive on May 14 1940

Immediate cause of death	DURATION
Cardiac Dilatation	10 days
Due to Hypertensive Heart Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Thurber M.D. M. D. or other

Address Frederick, Md. Date signed 5/15/40

1213

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JUN 5 1940
BUREAU V. S.

05416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 800 N. Market St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 82 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 800 N. Market
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Martmer Bopst

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) ~~Single, married~~, widowed, or ~~divorced~~: Widower

6 (b) Name of ~~husband~~ or wife Anna M. Brunner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 13, 1857

8. AGE: Years 82 | Months 9 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace Frederick, Frederick Maryland
(Town, county, and state)

10. Usual occupation Retired Dairyman

11. Industry or business

FATHER
12. Name William Bopst
13. Birthplace Frederick-Fred'k Co. Md.

MOTHER
14. Maiden name Sarah Lease
15. Birthplace Frederick-Fred'k Co. Md.

16. Informant Miss Amy A. Bopst

Address 800 N. Market St., Fred'k, Md.

17. Burial (Burial, ~~cremation, or removal. Which~~?) Date thereof 5/8/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

16. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 7-May 1940 (Date rec'd by registrar) J. M. Cerody Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th, 1940 4:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 1940, to May 6 1940, and that I last saw him alive on May 5 1940.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Hughes M. D. or other

Address Frederick, Md. Date signed 5/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95C)

CERTIFICATE OF DEATH

05417

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Brunswick (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 501 East E. Street
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 501 East E. Street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jobe Oliver Breeden

3. (b) Social Security Number 705-07-8671

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lela Simon

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) September 11, 1897

8. AGE: Years	Months	Days	If less than one day
42	7	28	hrs. min.

9. Birthplace Stanley, Page Co., Virginia (Town, county, and state)
10. Usual occupation Fireman
11. Industry or business B. & O. R.R.
FATHER 12. Name Lonzo Trenton Breeden
FATHER 13. Birthplace Madison County, Virginia
MOTHER 14. Maiden name Drusilla Breeden
MOTHER 15. Birthplace Page County, Virginia
16. Informant Mr. J. T. Breeden
Address 501 East E. St., Brunswick, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12, 1940 (month) (day) (year)
Cemetery or crematory Samples Manor
Location Samples Manor, Md.
18. Funeral director J. L. Eackles
Address Bolivar, West Va.
19. May 11 1940 (Date rec'd by registrar) Wm H. D. Hardy JR Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1940, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 1940, to May 9 1940 and that I last saw h[illegible] alive on May 9 1940

Immediate cause of death Dilated Heart — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lewis Ward M. D. or other
Address Brunswick Date signed May 11/40

RECEIVED
MAY 22 1946

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (728)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

05418

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or~~ town Adamstown Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. R. D. Adamstown (If rural give location)

(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Robert Elmer Butcher

3 (b) If veteran, name war None

3 (c) Social Security No. 220-10-5491

4. Sex Male

5. Color or race Col.

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1884

8. AGE: Years 55 Months 4 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Wm Butcher

13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Jones

15. Birthplace Md.

16 (a) Informant E. Adele Briggs Emergency

(b) Address Hospital Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Hope Hill

Location Near Buckeystown Md

18 (a) Funeral director M. P. Eddleson & Son

(b) Address Frederick Maryland

19 (a) 4- May 4' (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death May 3 1940, at 4 30 ~~A~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1940, to May 3 1940, and that I last saw him alive on May 2 1940.

Immediate cause of death	Duration
Metastic pneumonitis	1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D. or other

Address Frederick, Md Date signed 5/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

05419

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Home for the Aged - 115 Record Street

Stay in hospital or inst. (yrs., or mos., or days): 13 years

Stay in this community (yrs., or mos., or days): 62 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 115 Record Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Sarah Lucille Carmack

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 13, 1854

8. AGE: Years: 85 Months: 10 Days: 27 If less than one day: — hrs. — min.

9. Birthplace: Woodsboro, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation: None (retired)

11. Industry or business: —

FATHER
12. Name: Edward Carmack
13. Birthplace: Woodsboro, Maryland

MOTHER
14. Maiden name: Amelia Gilbert
15. Birthplace: Woodsboro, Maryland

16. Informant: Mrs. William C. Johnson
Address: Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: May 13, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline and Son
Address: Frederick, Maryland

19. 11 May 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1940 ~~to~~, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 3rd 1938, to May 10 1940, and that I last saw h[illegible] alive on May 10 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 hour

Due to: arteriosclerosis

Due to: and senility

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm Crawford Johnson M. D. ~~or other~~

Address: Frederick Md Date signed: 5/11/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 14-5

05420

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural Myersville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Myersville,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 71yrs

2. HOME (USUAL RESIDENCE) OF DECEASED.
(a) State Md. (b) County Frederick
(c) City or town Rural Myersville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Cordelia Cartee

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas F. Cartee

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 5 1868

8. AGE: Years 71 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Ellerton Freder. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Adam Featherman
13. Birthplace Fred. Co. Md

MOTHER
14. Maiden Name Susan Harshman
15. Birthplace Fred Co. Md.

16 (a) Informant Chas F. Cartee
(b) Address Myersville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1940 (month) (day) (year)
(c) Cemetery or crematory Grossnickles
Location Nr. Ellerton Fred. Co.

18 (a) Funeral director J. Thos Little & Son
(b) Address Myersville Md.

19 (a) May 9 1940 (Date rec'd by registrar) (b) William B. Wachtel Registrar

MEDICAL CERTIFICATION

20. Date of death May 7 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1940, to May 7 1940, and that I last saw her alive on May 7 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	48 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underlins ths cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Elmer Harp M.D. M. D. or other
Address Middletown Date signed 5-9-40

VS. A15 (7)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 4 1940
BUREAU V. S.

05421

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 11 E. Sixth St.,

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 11 E. Sixth St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Hester Ellen Cartnail

3. (b) Social Security Number: none

4. Sex: female

5. Color or race: colored

6. (a) ~~Single, married~~, widowed, or ~~divorced~~: widow

6 (b) Name of husband or ~~wife~~: Thomas H. Cartnail

B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 15, 1876

8. AGE:

Years	Months	Days	If less than one day
64	11	22	____ hrs. ____ min.

9. Birthplace: Poolesville, Mont., Md.
(Town, county, and state)

10. Usual occupation: Houework

11. Industry or business

FATHER
12. Name: Hilliary Palmer,
13. Birthplace: Martinsburg, Maryland.

MOTHER
14. Maiden name: Olefia (Last name unknown)
15. Birthplace: Martinsburg, Maryland

16. Informant: Anna L. Duffin,
Address: Rockville, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5 / 11 / 40 (month) (day) (year)

Cemetery or ~~crematory~~: Fairview Cemetery

Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son,

Address: Frederick, Md.

19. 11-May 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8th., 1940, at 7.30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to May 8 1940 and that I last saw her alive on May 1 1940.

Immediate cause of death: Chronic myocarditis Hypo state Preuving

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 5 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Frederick, Md. Date signed: 5/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05422

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 302 Dill Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Albert Wilson Condon

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Fannie Condon
6(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) 30-Mch-1874
8. AGE: Years 66 Months 1- Days 17- If less than one day ____ hrs. ____ min.
9. Birthplace Woodville Frederick Co. Md. (Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Cigars & Tobacco
FATHER 12. Name James McCondon
13. Birthplace Frederick Co. Md.
MOTHER 14. Maiden name Sarah Catitia Wilson
15. Birthplace Frederick Co Md
16. Informant Mrs. E. E. Thomas Jr.
Address Frederick Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 19/40 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Frederick Md.
18. Funeral director C. E. Eline & Son
Address Frederick Md
19. 17-May 1940 (Date rec'd by registrar) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 5 P M
21. CERTIFY that death occurred on the date above stated; that I attended deceased from ____, 19__ to ____, 19__, and that I last saw h IM alive on May 16 1940 dead

	DURATION
Immediate cause of death: Coronary Thrombosis	Immediate
Due to: Cardio vascular Heart disease	5 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE R. W. Baer (Doctor) M. D. or other
Address Frederick, Md Date signed 5.16.40

RECEIVED
MAY 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45A)

CERTIFICATE OF DEATH

05423

Reg. Diat. No. 1440

1. PLACE OF DEATH:

County: Frederick

City or town: Rural Nr. Ladiesburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Rural Near Ladiesburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: John Francis Daugherty

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Minnie Craver

6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Mch. 14th. 1863

8. AGE:

Years	Months	Days	If less than one day
77	2	12	hrs. min.

9. Birthplace: Woodsboro, MD
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Chas. Daugherty
13. Birthplace: Hanover Pa.

MOTHER
14. Maiden name: Annie Smith
15. Birthplace: Woodsboro. MD

16. Informant: Baxter C. Daugherty
Address: Detour. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29th 40 (month) (day) (year)

Cemetery or crematory: Haugh's Cemetery

Location: Near Ladiesburg. Fredk. Co. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. May 27 1940 (Date rec'd by registrar) L. L. Creager Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May. 26th. 1940 15 8 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 26 1940 and that I last saw him alive on May 25 1940

Immediate cause of death	DURATION
Carcinoma of the Lip	3 yr.
Due to —	
Due to —	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Forrest Gray DR. JAMES K. GRAY
M. D. or other

Address: Thurmont Md Date signed 5-27-40

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d) CP

05424

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Nr. Frederick - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: I. O. O. F. Home

Stay in hospital or inst. (yrs., or mos., or days) 10 Years

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Indiana County Marion

City ~~or town~~ Indianapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None ✓

3. (a) FULL NAME Sallie Ebright

3. (b) Social Security Number NONE

4. Sex: Female

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~ Wellington Ebright

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 21, 1870

8. AGE: Years 70 | Months 1 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Indianapolis, Indiana
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Davidson Missimer
13. Birthplace Pottstown, Pa.

MOTHER
14. Maiden name Catherine Neimon
15. Birthplace Swamp Church, Pa.

16. Informant I. O. O. F. Home Records
Address Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5/22/40 (month) (day) (year)
Cemetery ~~or crematory~~ Pottstown Cemetery
Location Pottstown, Pa.

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19 19 May 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 10.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 18 1940, and that I last saw her alive on May 18 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 2 yrs

Due to: Senility

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE E P Thomas M. D. or other
Address Frederick Md Date signed May 18/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107)

Reg. Dist. No. 131

05425

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick ~~City Hospital~~ (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or town~~ Near Woodsboro Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. ____ (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ernestine Dorsey Fogle

3 (b) If veteran, name war NO

3 (c) Social Security No. NO

4. Sex Female

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 30-4-37

8. AGE: Years 3 | Months 0 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Ernest D. Fogle
13. Birthplace Md

MOTHER
14. Maiden Name Bertha R Rice
15. Birthplace Md

16 (a) Informant Ernest Fogle
(b) Address Woodsboro. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21. 40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt-Hope

Location Woodsboro

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown

19 (a) 20-May 40 (Date rec'd by registrar) (b) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. Date of death May 19 1940 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1940, to May 19 1940, and that I last saw ~~him~~ her alive on May 19 1940.

Immediate cause of death Convulsions — Duration 12 hours

Due to Capillary bronchitis — 18 hrs

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature R. W. Bau M. D. or other

Address Frederick Md Date signed 5.20.40

VS. A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

05426

CERTIFICATE OF DEATH

Reg. Diat. No. 138

1. PLACE OF DEATH:
County: Frederick
City or town: Rural - Barbadow
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural - Barbadow
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. #3 Mt. Airy Md
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Rachel C. Foreman

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband ~~or wife~~: late William W. Foreman
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1862

8. AGE: Years	Months	Days	If less than one day
77	8	0	____ hrs. ____ min.

9. Birthplace: Missouri (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Henry Waysel
13. Birthplace: Missouri

MOTHER
14. Maiden name: Lydia Brashears
15. Birthplace: Maryland.

16. Informant: Mrs. Pearl Klein
Address: Mt. Airy. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24 1940 (month) (day) (year)
Cemetery or crematory: Prospect Cemetery
Location: Mt. Airy Md.

18. Funeral director: C. M. Waltz
Address: Winfield Md

19. May 23 1940 (Date rec'd by registrar) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1940 at 9.45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940 to May 21 1940 and that I last saw h.. alive on May 21 1940

Immediate cause of death	DURATION
Carcinoma of Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results: ____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: C. M. Van Poole M. D. or other
Address: Mairy Md Date signed 5/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

CERTIFICATE OF DEATH

05427

Reg. Diat. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Braddock Heights, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Braddock Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Miss. Sarah Alice Fulmer

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1851

8. AGE:

Years	Months	Days	If less than one day
89	3	23	hrs. min.

9. Birthplace: Nr. Jefferson, Fred., Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At home

FATHER
12. Name: Lewis Fulmer,
13. Birthplace: Nr. Jefferson, Md.

MOTHER
14. Maiden name: Elizabeth Flook,
15. Birthplace: Nr. Jefferson, Md.

16. Informant: Miss. Mary Fulmer,

Address: Braddock Heights, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5 / 11 / 40 (month) (day) (year)

Cemetery or crematory: Mt. Zion Cemetery

Location: Nr. Feagaville, Md.

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Md.

19. May. 11 1940 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 9th., 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/4 1940 to 5/9 1940, and that I last saw h alive on 5/8 1940

Immediate cause of death	DURATION
Myocarditis, -	5/3/40
Pulmonary edema	
Due to Obstructive Jaundice	3 mo
Due to Cholecystitis (?)	20 yrs
Other conditions - Senility - Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. Talbot Price
M. D. or other

Address: Jefferson, Md. Date signed 5/9/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-d)

05428

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 29 West I St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Fred.
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 29 West I St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Daniel Grayson
3. (b) Social Security Number no

4. Sex male
5. Color or race col.
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife Martha Hardy
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 12 1870

8. AGE: Years 70 Months 2 Days 20 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business —
FATHER 12. Name John Grayson
13. Birthplace Virginia
MOTHER 14. Maiden name Sidney Allen
15. Birthplace Virginia
16. Informant Richard Grayson
Address Brunswick Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6 1940 (month) (day) (year)
Cemetery or crematory Bt. St. Marys
Location Petersville Md
18. Funeral director C. H. Feete & Bro
Address Brunswick Md.
19. May 8 1940 (Date rec'd by registrar) Mrs H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 12:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1939, to May 2 1940, and that I last saw him alive on Apr 29 1940.

Immediate cause of death Calcular Heart Disease (Chronic)
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other
Address Brunswick Md Date signed 5/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-C)

CERTIFICATE OF DEATH

05429

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 hours

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 316 College Parkway
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Curry W. Gregory

3. (b) Social Security Number 221-07-1747

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife Mary B. Hancock

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 24, 1877

8. AGE: Years 62 | Months 11 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Montevue Hospital

FATHER
12. Name Judge James M. Gregory
13. Birthplace Chesterfield County, Va.

MOTHER
14. Maiden name Lillie Gates
15. Birthplace Chesterfield County, Va.

16. Informant Mrs. Curry W. Gregory

Address 316 College Parkway, Fred., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 6/1/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 31 - May 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, 9.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h died ~~alive~~ on May 30 1940.

Immediate cause of death Crushing injury to rt. Chest Shock, hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 30 40

Where did injury occur? Frederick (City or town) City (County) Md (State)

~~Injured at home, farm, industry~~, public place ~~(where?)~~ Dill Ave

Means of injury automobile Injured at work? no

23. SIGNATURE R. W. Bow Dirty Med Ex. M. D. or other

Address Frederick, Md Date signed May 30. 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-21)

05430

CERTIFICATE OF DEATH

Reg. Diat. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: near Middletown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: near Middletown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: John Eugene Gross

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: Single.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May. 4. 1940

8. AGE:

Years	Months	Days	If less than one day
—	—	21	____ hrs. ____ min.

9. Birthplace: near Middletown Fred. Co. Md.
(Town, county, and state)

10. Usual occupation: Nonse

11. Industry or business: —

FATHER
12. Name: John Gross
13. Birthplace: Boonsboro Washington Co. Md.

MOTHER
14. Maiden name: Anna M. Flook
15. Birthplace: New Middletown Fred. Co. Md.

16. Informant: John Gross
Address: Middletown Md. R. 2.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May. 25. 1940
(month) (day) (year)

Cemetery or cremetory: Boonsboro Cemetary.

Location: Boonsboro Md.

18. Funeral director: Wm. F. Bast & Son

Address: Boonsboro Md.

19. May 25 1940
(Date rec'd by registrar)
D. Grayson Bowers
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1940, to May 24 1940, and that I last saw him alive on May 24 1940.

Immediate cause of death	DURATION
Valvular (Heart) disease (Congenital)	Since birth
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: J Elmer Harp M.D.
M. D. or other

Address: Middletown Date signed: 5-25-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

05431

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

~~City or town~~: Rural (Old Braddock

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City or town~~: Rural (Old Braddock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3 miles West of Frederick

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Charles William Grove

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband~~ or wife: Annie Haughey

6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): 3/14/1872

8. AGE: Years: 68 Months: 2 Days: 6 If less than one day: hrs. min.

9. Birthplace: Frederick Co. Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER

12. Name: Elias Grove

13. Birthplace: Frederick Co. Md.

MOTHER

14. Maiden name: Henrietta F. Kehne

15. Birthplace: Germany

16. Informant: Mrs. Annie Grove

Address: Old Braddock, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 5/23/40 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cemetery

Location: Frederick, Md.

18. Funeral director: C. E. Cline & Son

Address: Frederick, Md.

19. 22-May 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20th 1940, at 6/5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to May 20 1940 and that I last saw him alive on 19 Called when I arrived

Immediate cause of death: Coronary Thrombosis

Due to: Chronic Myocarditis

Due to: Rheumatic Heart

Other conditions:

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 15 minutes 2 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedge M. D. or other

Address: Frederick Date signed: May 21st 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
JUN 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

05432

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 135 West 4th Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 135 N 4th St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Daniel Atte Haines

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Annie E. Haines
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 24 - 1885

8. AGE: Years	Months	Days	If less than one day
54	10	18	hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Horse & Cattle dealer
FATHER 12. Name Andrew W. Haines
13. Birthplace Carroll Co Md
MOTHER 14. Maiden name Mary E. Miller
15. Birthplace Hanoverville Md.
16. Informant Mrs. Abbie Haines
Address Frederick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15 1940 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Frederick Md.
18. Funeral director C. E. Shrine & Son
Address Frederick Md.
19. 14 May 1940 (Date rec'd by registrar) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 5 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 12 1940, and that I last saw him alive on May 12 1940.

Immediate cause of death	DURATION
Coronary Occlusion	1 hr.
Due to	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Quarrel M.D.
M. D. or other
Address Frederick, Md. Date signed 5/14/40

RECEIVED
MAY 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05433

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 303 S. Market St.,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 303 S. Market
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Miss. Ida Maude Henning

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 20, 1886

8. AGE: Years	Months	Days	If less than one day
53		2	hrs. min.

9. Birthplace Ranceverte, W.Va. (Town, county, and state)
10. Usual occupation School Teacher
11. Industry or business Md. State School for Deaf

FATHER
12. Name Thomas A. Henning
13. Birthplace Greenbier Co. W.Va.

MOTHER
14. Maiden name Florence Virginia Risse
15. Birthplace Greenbier Co W.Va.

16. Informant Mrs. Florence V. Henning
Address Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/25/40 (month) (day) (year)
S.M.
Cemetery or crematory Ronceverte, W. Cemetery
Location Ronceverte, W.Va.

18. Funeral director M.R. Etchison & Son
Address Frederick, Md.

19. 22-May 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd., 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940, to May 22 1940, and that I last saw h alive on May 22 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 hrs
Due to	
Hypertension	2 Yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J.B. Thomas M. D. or other
Address Frederick, Md Date signed 5/23/40

RECEIVED
JUN 5 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05434

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days) 5Mos 20 Days
Stay in this community (yrs., or mos., or days) 5 Mos 20 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 657 W Pratt St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ella M. Hof.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: George C. Hof.
6(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): March 10 1905

8. AGE: Years	Months	Days	If less than one day
35	2	3	hrs. min.

9. Birthplace: Shenendoah. Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Joseph Yenckus
13. Birthplace: Lithuania

MOTHER
14. Maiden name: Anna----------?
15. Birthplace: Lithuania

16. Informant: Ella M. Hof
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 17 1940 (month) (day) (year)
Cemetery or crematory: Loudan Park Cem
Location: Baltimore. Md.

18. Funeral director: C. Harle
Address: Baltimore. Md.

19. 5/11/1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 40, at 7.20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1939, to May 13 1940, and that I last saw h-er alive on May 13 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 Mos
Due to	
Tubercle Bacilli	
Due to	
Other Tuberculous Enteritis	
Genito-Urinary Tuberculosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Landstreet M.D.
M. D. or other
Address: State Sanatorium Md. Date signed 5/13/40

RECEIVED
MAY 17 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 131

CERTIFICATE OF DEATH

05435

1. PLACE OF DEATH
(a) County Frederick
(b) ~~City or town~~ Frederick rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Urbana Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Lawrence Jacabs

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: Male

5. Color or race: white

6 (a) ~~Single, married, widowed, or~~ divorced. Divorced

6 (b) Name of husband or wife Mr Lawrence

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Feb 17 1868

8. AGE: Years 72 | Months 2 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Boston Mass.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Pease Jacabs
13. Birthplace Boston mass.

MOTHER
14. Maiden Name Sarah Walkingford
15. Birthplace Boston mass.

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May - 10 - 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Flint Hill
Location near Urbana Md.

18 (a) Funeral director C. E. Eline & Son
(b) Address Frederick Md.

19 (a) 10 - May - 1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death May 8th 1940, at 3 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940, to May 8 1940
and that I last saw him alive on May 8 1940.

Immediate cause of death	Duration
Hypostatic	
Pneumonia	May 4-40
Due to	
Chronic Myocarditis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas M. D. or other
Address Frederick, Md Date signed 5/10/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

05436

Reg. Dist. No. 140

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Brunswick Bank Md.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rosemont Brunswick Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME William Tatum James

3. (b) Social Security Number 710-09-5854

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Fannie Talley
6(c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) Aug. 27 1892
8. AGE: Years 47 Months 8 Days 23 If less than one day ____ hrs. ____ min.
9. Birthplace Balt. Maryland. (Town, county, and state)
10. Usual occupation Sec. J B+O R.R. Y.M.C.A.
11. Industry or business
FATHER 12. Name William R. James
13. Birthplace Maryland.
MOTHER 14. Maiden name Elizabeth Tatum
15. Birthplace Maryland.
16. Informant Mrs Fannie James
Address Brunswick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23 1940 (month) (day) (year)
Cemetery or crematory Arlington National.
Location Arlington Virginia
18. Funeral director C. H. Fritz & Bro
Address Brunswick Md.
19. May 22 1940 Chas H. S. Hodges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940 at 1 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__; and that I last saw h[illegible] alive on May 20 1940.

Immediate cause of death Coronary thrombosis — DURATION Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Barr Dept. Wed. Ex. M. D. or other
Address Frederick Md. Date signed 5-20-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

05437

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County Frederick.
City or town Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 7 Mos 15 Days.
Stay in this community (yrs., or mos., or days) 7 Mos 15 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County St Mary's Co
City or town Loveville. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary C. Johnson.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John A. Johnson.
6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) November 15 1876

8. AGE: Years	Months	Days	If less than one day
63	6	9	hrs. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Dominic Mattingly
13. Birthplace St Mary's Co Md.

MOTHER
14. Maiden name Martha Medley
15. Birthplace St Mary's Co Md.

16. Informant Mary C Johnson
Address Loveville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27 1940 (month) (day) (year)
Cemetery or crematory St Joseph Cem
Location Morganza Md.
16. Funeral director Richard Robison
Address Leonardtown. Md.

19. 5/26/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 10.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 9 1939, to May 24 1940, and that I last saw her alive on May 24 1940,

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5 Yrs
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John E. Goodpasture M.D.
M. D. or other
Address State Sanatorium Md. Date signed 5/24/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186-a) Reg. Dist. No. _____

CERTIFICATE OF DEATH

04247

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Near Middletown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in this community (yrs., mos., or days) 18 Mos

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Old Braddock
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Miles West of Frederick
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Amanda Estell Kefauver May 1st

3 (b) If veteran, name war —
3 (c) Social Security No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Millard F. Kefauver
6. (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Sept. 11-1852

8. **AGE:** Years 87 | Months 7 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Middletown Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Hezekiah Young
13. Birthplace Middletown Md.

MOTHER
14. Maiden Name Malinda Castle
15. Birthplace Middletown Md.

16 (a) Informant Mrs. Maurice Coblentz
(b) Address Middletown Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5-4-40 (month) (day) (year)
(c) Cemetery or crematory Reformed Cemetery
Location Middletown, Maryland

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick, Maryland

19 (a) Pages 3 (Date rec'd by registrar) (b) D. Registrar

MEDICAL CERTIFICATION

20. Date of death May 1st 1940, at 23 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1939 to May 1st 1940 and that I last saw him alive on April 1st 1940

Immediate cause of death Chronic Myocarditis — Duration 10 years
Due to Fracture of Hip — April 1939
Due to Fall — Accidental fall
Other conditions Accidentally fell off chair
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence February, 1939.
(c) Where did injury occur? in the home. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury Accidentally fell off chair

23. **Signature** Frank H. Hedges M. D. or other
Address 13 N. Second St. Date signed May 2nd 1940

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

05438

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Fredrick City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 116 Pine Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Fredrick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 116 Pine Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charles Daniel KING.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Zonie Welty

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct. 15th. 1865

8. AGE:	Years	Months	Days	If less than one day
	74	6	20	hrs. min.

9. Birthplace Lewistown. Fredk Co. MD
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Frederick King
13. Birthplace Lewistown. Fredk Co. Md

MOTHER
14. Maiden name Mary Bowers.
15. Birthplace Lewistown. Fredk Co. MD

16. Informant Mrs Zonie King
Address Frederick. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 7th. 40 (month) (day) (year)

Cemetery or crematory Lewistown Cemetery
Location Lewistown. MD

18. Funeral director M. L. Creager & Son. Thurmont. MD
Address

1940 May 6 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 5th. 40. at 1:30 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1940 to May 5 1940 and that I last saw him alive on May 5 1940

Immediate cause of death Coronary occlusion — DURATION 1 hour

Due to Acute myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M. D. or other
Address Frederick, Md Date signed May 6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 18 1940
BUREAU V. S.

05439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 351 Madison St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 351 Madison St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Cora Idella Kreh

3. (b) Social Security Number None

4. Sex: female

5. Color or race: white

6. (a) ~~Single, married~~, widowed, or ~~divorced~~: widowed

6 (b) Name of husband ~~or wife~~ Lewis T. Kreh

Deceased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 4 1868

8. AGE: Years 71 | Months 10 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Martin Slyer
13. Birthplace Pa

MOTHER
14. Maiden name Unknown
15. Birthplace Pa

16. Informant Howard Kreh

Address Frederick, Md.

17. Burial (Burial, ~~cremation, or removal, which~~) Date thereof May 31 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md

18. Funeral director Harry E. Carty Co

Address Frederick, Md.

19. 30 - May 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940, to May 28, 1940; and that I last saw her alive on 27 - May - 1940.

Immediate cause of death Lobar Pneumonia. DURATION 6 days.

Due to Arteriosclerosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. M. Smith, M.D. M. D. or other

Address Frederick, Md Date signed May 30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92C)

05440

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Graceham

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MD. County: Frederick

City or town: Graceham

(If outside city or town limits, write RURAL and give nearest town)

Street No. No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Henry KROM

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife: Lydia Ann Hesson.

6.(c) If alive, give age 89 years

7. Birth date of deceased (mo., day, yr.): June 22nd. 1851

8. AGE:

Years	Months	Days	If less than one day
88	11	2	hrs. min.

9. Birthplace: Emmitsburg. Fredk Co. MD (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER

12. Name: John J. Krom.

13. Birthplace: Thurmont. Fredk Co. MD

MOTHER

14. Maiden name: Sarah Young.

15. Birthplace: Thurmont. Fredk Co. MD

16. Informant: Helen Krom.

Address: Graceham. MD

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: May. 26th40 (month) (day) (year)

Cemetery or crematory: U. B. Cemetery.

Location: Thurmont. MD

18. Funeral director: M. L. Creager & Son. Thurmont. MD

Address

19. May 25- 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May. 24th1940 at 2:15 A;M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to May 24 1940 and that I last saw him alive on May 24 1940

Immediate cause of death	DURATION
Chronic Endocarditis	2 yrs
Due to Rheumatism	5 yrs
Due to Chronic Arterial Sclerosis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Morris A. Beiely MD M. D. or other

Address Thurmont - MD Date signed 5/25-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93d)

05441

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick

County

City ~~or town~~ Frederick City Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) I2 Days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick

City ~~or town~~ Thurmont Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Walnut

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Leslie Garfield LIDAY

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. ~~(a) Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife Della Speak Walters

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov. 5th. I880

8. AGE:

Years	Months	Days	If less than one day
59	5	29	hrs. min.

9. Birthplace Creagerstown. Fredk Co. MD
(Town, county, and state)

10. Usual occupation Painter& Paper Hanger

11. Industry or business

FATHER
12. Name Joseph Liday
13. Birthplace Creagerstown. MD

MOTHER
14. Maiden name Mary Geesey.
15. Birthplace Creagerstown. MD

16. Informant I. Mrs Della Liday

Address Thurmont. MD

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof May.8th. 40 (month) (day) (year)

Cemetery or ~~crematory~~ Blue Ridge Cemetery

Location Thurmont. MD

18. Funeral director M. L. Creager & Son.

Address Thurmont. Md

19. 6-May 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May.4th.40. atI0;I0 P:M 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-22-40 19 , to 5-4 1940, and that I last saw him alive on 5-4 1940.

Immediate cause of death Chronic myodarditis 1st degree heart block

Due to Blood stream infection Streptococcus Viridans

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Fred. Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

05442

Reg. Dist. No. 13 (1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 week
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
~~City or town~~ Rural - near Urbana Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4 miles South of Frederick
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Linthicum, Mr. James Garrett | **3. (b) Social Security Number** none

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed, or divorced~~
Male	W	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-7-77

8. AGE: Years	Months	Days	If less than one day
62	5	6	— hrs. — min.

9. Birthplace Urbana, Md. (Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name John W. Linthicum
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden name Amanda Hendry
15. Birthplace Frederick Co. Md.

16. Informant Burl H. Linthicum
Address Fountain Mills Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5-15-40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick Maryland

18. Funeral director C. E. Cline & Son
Address Frederick Maryland

19. 14-May 1940 (Date rec'd by registrar) Ira J. McSunday Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 13 1940, and that I last saw him alive on May 13 1940.

Immediate cause of death	DURATION
Coronary Occlusion	Two.
Due to	
Due to	
Other conditions Bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M.D.
M. D. or other
Address Frederick, Md. Date signed 5/13/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-1)

Reg. Dist. No. 138

05443

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Mr. Frederick R.F.D. #2 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick R.F.D #2 (If outside city or town limits, write RURAL and give town)

(d) Street No. Near Reich Ford (If rural give location)

(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Laura Linton

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George W. Linton

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 74? Months Days If less than one day hr. min.

9. Birthplace Frederick County Md. (Town, county, and state)

10. Usual occupation House - Work

11. Industry or business At Home

FATHER 12. Name Joseph Engle

13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden Name Unknown Margaret Hines

15. Birthplace Unknown Fredk Co Md

16 (a) Informant Miss. Ida Linton

(b) Address Frederick, Md. R.F.D #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Mr. Frederick Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) May 29-1940 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death May 28 1940, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended ~~deceased from~~ 19 , to 19 , and that I last saw ~~him alive~~ her dead on May 28 19 40.

Immediate cause of death Cerebral hemorrhage — Duration 6 hrs

Due to Cardio vascular disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

DR. R. W. BAER DEPUTY MEDICAL EXAMINER

23. Signature R W Baer M. D. or other

Address Frederick Md Date signed 5-28-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05444

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lewis Warren McBride

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife Emma F. McBride

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1853

8. AGE: Years	Months	Days	If less than one day
85	4	22	____ hrs. ____ min.

9. Birthplace Middletown, Md.
(Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Henry C. McBride
13. Birthplace Middletown, Md.

MOTHER
14. Maiden name Margaret Sigler
15. Birthplace Middletown, Md.

16. Informant Bertha McBride
Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 31, 1940 (month) (day) (year)
Cemetery or crematory Reformed Cemetery
Location Middletown, Md.

18. Funeral director Stephen D.
Address Middletown, Md.

19. May 31, 1940 (Date rec'd by registrar) D. Grayson Bauer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1940, at 10:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July, 1937, to May 28, 1940, and that I last saw him alive on May 28, 1940.

Immediate cause of death	DURATION
Uremia	1 week
Due to Chronic nephritis	5 years
Due to Arteriosclerosis	10 years
Other conditions Fistula in ano non-tuberculous	6 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard H. Todd M. D. or other
Address Middletown, Md. Date signed 5/31/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186a)

05445

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto.
City or town Baltimore Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4819 Richard Ave Balto Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME Jerome Maddox

3. (b) Social Security Number 705-05-5953 (Ross.)

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Etta Caskey
6(c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) Jan. 25, 1894

8. AGE: Years 46 Months 3 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual occupation B & O.R.R. Fireman.
11. Industry or business —

FATHER
12. Name John Maddox
13. Birthplace Ireland

MOTHER
14. Maiden name Anna Dorn
15. Birthplace Ireland.

16. Informant Mrs Etta Maddox
Address 4819 Richard Ave Balto Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 22 1940 (month) (day) (year)
Cemetery or crematory Park Wood
Location Taylor Ave Balto Co. Md.

18. Funeral director C. H. Fute & Bro
Address Brunswick Md.

19. May 18 1940 Mrs. H. S. Hedges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 11.50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ to ___ 19___, and that I last saw him ~~alive~~ dead on May 18 1940.

Immediate cause of death Fracture of Skull Hemorrhage & Shock
Due to Fall of 30 ft from 2nd Story
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
Immediate

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of 5.18.40
Where did injury occur? Brunswick (City or town) Fred. (County) Md. (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Bau Dept. Wed. Ex. M. D. or other
Address Frederick. Md Date signed 5.18.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 22 1940
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92E)

05446

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 507 E. Potomac St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 507 E. Potomac
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Brannon Weaver Manuel

3. (b) Social Security Number: 705-10-4214

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: NO

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 6-12-1904

8. AGE: Years 35 | Months 11 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace: Middletown, Frederick, Maryland
(Town, county, and state)

10. Usual occupation: Brakeman

11. Industry or business: Railroad

FATHER
12. Name: Milton I. Manuel
13. Birthplace: Middletown, Virginia

MOTHER
14. Maiden name: Jessie Jackson Walter
15. Birthplace: Middletown, Virginia

16. Informant: Hannah M. Walter

Address: 507 E. Potomac St., Brunswick

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May 16 - 1940
(month) (day) (year)

Cemetery or crematory: St. Marks Petersville

Location: Fred. Co. Petersville

18. Funeral director: Jesse F. Darby

Address: Brunswick Md

19. May 14 1940 (Date rec'd by registrar) Wm H. S. Helgo Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1940, at 1:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to May 14 1940, and that I last saw him alive on May 14, 1940.

Immediate cause of death: Acute Nephritis

Due to: Mitral insufficiency

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 8 mos; One mo

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: D. Thomas Strother MD
M. D. or other

Address: Brunswick Date signed: 5-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37-a

05447

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 7 Days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fred.
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Edwards Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna V. Minnick

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or ~~wife~~ Walter Minnick
6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) May 5th 1909

8. AGE: Years	Months	Days	If less than one day
31	—	22	____ hrs. ____ min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual occupation housewife.
11. Industry or business —

FATHER
12. Name William C. Mitchell
13. Birthplace West Virginia

MOTHER
14. Maiden name Bertie Brown
15. Birthplace Millwood Virginia.

16. Informant Walter Minnick
Address Brunswick Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29 1940 (month) (day) (year)
Cemetery or ~~Crematory~~ Park Heights
Location Brunswick Md.

18. Funeral director C. H. Fite & Bro.
Address Brunswick Md.

19. 28-May 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 27 1940, and that I last saw h[illegible] alive on May 27 1940.

Immediate cause of death	DURATION
Encephalitis, acute infec-	14 days
tious. Duration: 14 days.	
Due to C.W.S.R.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATUBE B O Thomas M. D. or other
Address Frederick Md. Date signed 5/28/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05448

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 623 Park Place
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Mack Moore

3. (b) Social Security Number 705-05-7926

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Iva Helen Fisher
6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Sept. 22-89

8. AGE: Years	Months	Days	If less than one day
50	8	24	— hrs. — min.

9. Birthplace Washington Co. Md. (town, county, and state)
10. Usual occupation Brakeman
11. Industry or business B&O. R.R. Co.
FATHER 12. Name Robert Frank Moore
13. Birthplace Wash. Co. Md.
MOTHER 14. Maiden name Ella May Myers
15. Birthplace Wash. Co. Md.
16. Informant Mrs M. Moore
Address Frederick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 17-1940 (month) (day) (year)
Cemetery or crematory Shepherdstown, Md.
Location
18. Funeral director C.E. Cline & Son
Address Frederick Md.
19. May 17 1940 (Date rec'd by Registrar) Mrs. H. W. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 7.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Coronary Thrombosis	1/2 hr.
Due to Found dead	
B&O R.R. Yards	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B.O. Thomas
acting Medical Examiner M. D. or other
Address Frederick Md Date signed 5/15/40

RECEIVED
MAY 24 1940
BUREAU V. 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

05449

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:
County Frederick
City or town Myersville Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 83 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rural, near Myersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John Henry Moser

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Drusilla R. Moser

6(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) 1856 July 19th

8. AGE: Years	Months	Days	If less than one day
83	10	26	hrs. min.

9. Birthplace Myersville Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Moser
13. Birthplace Middletown Md.

MOTHER
14. Maiden name Melinda Dutrow
15. Birthplace Myersville, Md.

16. Informant Drusilla Moser
Address Myersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16. 1940 (month) (day) (year)
Cemetery or crematory Lutheran, Rom.
Location Myersville, Md.

18. Funeral director Shields Co.
Address Middletown, Md.

19. May 16 1940 (Date rec'd by registrar) William S. Waechtel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1940, at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13th 1940 to May 14th 1940, and that I last saw him alive on May 14th 1940

Immediate cause of death	DURATION
Acute dilatation of heart	12 hours
Due to Chronic myocarditis	several yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. V. Staton M. D.
M. D. or other
Address Myersville, Md. Date signed May 14 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186a)

Reg. Dist. No. 137

05450

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Libertytown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 81

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Libertytown (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Decanter Myers

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Addie B Myers

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30th 1858

8. AGE: Years 81 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Deputy Sheriff

11. Industry or business

FATHER 12. Name Wm Henry Myers

13. Birthplace Md

MOTHER 14. Maiden Name Rosecanna Brightwell

15. Birthplace Md

16 (a) Informant Mrs Addie B Myers

(b) Address Libertytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1940 (month) (day) (year)

(c) Cemetery or crematory Chapel

Location Near Libertytown Md

18 (a) Funeral director Powell & Allanch

(b) Address Libertytown Md

19 (a) May 29 1940 (Date rec'd by registrar) W D Cushman Registrar

MEDICAL CERTIFICATION

20. Date of death May 29th 1940 at 5:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1937, to May 28 1940, and that I last saw him alive on May 27 1940.

Immediate cause of death Valvular disease of Heart — Duration 4 years

Due to Fractured neck of femur — 8 weeks

Due to an accidental fall.

Other conditions CWGR

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 8 or 9 weeks ago.

(c) Where did injury occur? Libertytown (City or town), Frederick (County), Maryland (State)

(d) Did injury occur about home, on farm, industrial place, in public place? in public place (Specify type of place) While at work? he fell off of

(e) Means of injury a step in front of Robert Diller's store.

23. Signature Ira W. Beall, M.D. (M. D. or other)

Address Libertytown Md. Date signed 5/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05451

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 6 Days
Stay in this community (yrs., or mos., or days): 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 669 Portland St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph E. Novotny

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Frances Novotny
6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): November 14 1873

8. AGE: Years	Months	Days	If less than one day
66	5	22	____ hrs. ____ min.

9. Birthplace: Bohemia
(Town, county, and state)
10. Usual occupation: Restaurant-Keeper
11. Industry or business:

FATHER
12. Name: Joseph Novotny
13. Birthplace: Bohemia

MOTHER
14. Maiden name: Josephine ----------?
15. Birthplace: Bohemia

16. Informant: Joseph E. Novotny
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory:
Location:
18. Funeral director: Charles H. Schymanek
Address: 2603 E. Madison St. Baltimore, Md
19. May 1 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1940, at 7.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 1940, to May 6 1940, and that I last saw him alive on May 6 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1 Mo
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Novotny M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed 5/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-d)

05452

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Thurmont. Nr. (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Fredk.

City or town: Rural Nr. Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: THOMAS FRANCIS O'Connor

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Anna Mary Freshman

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 6th. 1863

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
77	I	IO		

9. Birthplace: Lewistown. Fredk Co. MD
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: James O'Connor
13. Birthplace: Ireland

MOTHER
14. Maiden name: Bridget Nelligan.
15. Birthplace: Ireland

16. Informant: James L. O'Connor
Address: Thurmont. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 20th. 40 (month) (day) (year)

Cemetery or crematory: Mt. Carmel Cemetery

Location: Thurmont. MD

18. Funeral director: M. L. Creager & Son.

Address: Thurmont. MD

19. May 19 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May. 16th. 1940 at 10:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2d 1940, to May 16th 1940 and that I last saw him alive on May 16th 1940

Immediate cause of death	DURATION
Pneumonia (Influenzal)	2 days
Due to: Chronic Myocarditis	1 year
Due to: Chronic Arthritis	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Morris A. Bixler m.d
M. D. or other

Address: Thurmont - Md. Date signed: 5/18/40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05453

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium. M

Stay in hospital or inst. (yrs., or mos., or days): 2Mos 20Days

Stay in this community (yrs., or mos., or days): 2Mos 20 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 401 Gwynn Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Carrie I Peake

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert P Peake

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 19 1877

8. AGE: Years 62 | Months 8 | Days 9 | If less than one day: hrs. min.

9. Birthplace: Carroll Co Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Beggs
13. Birthplace: Carroll Co Md.

MOTHER
14. Maiden name: Martha Stoner
15. Birthplace: Carroll Co Md

16. Informant: Carrie I Peake
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: May 30 1940 (month) (day) (year)

Cemetery or crematory: Meadow Branch Cem.

Location: Carroll Co Md.

18. Funeral director: Wm. Cook
Address: Baltimore. Md.

19. 5/28/1940 19 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1940, at A.M. 2.30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to May 28 1940, and that I last saw her alive on May 27 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 7 Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous ulceration of posterior Pharynx and Epiglottis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D.
M. D. or other
Address: State Sanatorium, Md Date signed: 5/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05454

13

1. PLACE OF DEATH

County Frederick (932) Registration Dist. No.

Village or City Johnsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Lewis Peters If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked et this occupetion (month and year) 2 yrs

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Peters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Blessing

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Julia Blessing (Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Haugh's Date May 7, 1940

19. UNDERTAKER Powell & Yaughn (Address) Lebanty town Md

20. FILED May 6, 1940 W. D. Gutman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. —, 1938, to May 4, 1940

I last saw h— alive on May 4, 1940; death is said to have occurred on the date stated above, at 10:30 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	Unknown
Duration: two years. Arr. 8.9.	

Other **Contributory Causes** of importance:

Complications	

Name of operation Date of

What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. H. Beall, M. D.

(Address) Lebanytown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUN 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (90-b) Reg. Dist. No. 13/ 05455

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Klumbarts Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Theodore Puler

3 (b) If veteran, name war: None
3 (c) Social Security No. 217-10-0046
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Estelle Morris
6. (c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) July 11 1902
8. AGE: Years 37 Months 9 Days 24 If less than one day ____ hr. ____ min.
9. Birthplace Virginia (Bentonville) (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Charles Puler.
13. Birthplace Bentonville Va.

MOTHER
14. Maiden Name Harriett Young
15. Birthplace Bentonville Va.

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5 (month) 13 (day) 40 (year)
(c) Cemetery or ~~crematory~~ Fairview Cemetery
Location Nr. Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.

19 (a) 10 - May 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death May 8 1940 at 8 a. M 45

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to May 8 1940 and that I last saw him alive on May 8 1940.

Immediate cause of death	Duration
Bronchopneumonia with effusion	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Frederick, Md. Date signed 5/9/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05456

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or Inst. (yrs., or mos., or days): 1 Mo 2 Days

Stay in this community (yrs., or mos., or days): 1 mo 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Allegany

City or town: Cumberland. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 423 Furnace St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frederick Rank

3. (b) Social Security Number: 220-07-6693

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Marie Rank

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): October 27 1906

8. AGE: Years	Months	Days	If less than one day
33	6	18	____ hrs. ____ min.

9. Birthplace: Cumberland. Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: John M Rank

13. Birthplace: Cumberland Md.

MOTHER — 14. Maiden name: Bertha S Shinholtz

15. Birthplace: Cumberland. Md.

16. Informant: Frederick Rank

Address: Cumberland. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18 1940 (month) (day) (year)

Cemetery or crematory: Hillcrest Cem

Location: Cumberland. Md

18. Funeral director: Wm. H Kight

Address: Cumberland. Md.

19. May 15 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH: May 15 1940 10.15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 1940 to May 15 1940, and that I last saw him alive on May 15 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: John E. Goodfeature M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed 5/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132) Original 05457

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 1Yr 2Mos 19 Days
Stay in this community (yrs., or mos., or days): 1Yr 2Mos 19Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1833 N. Chapel St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War.

3. (a) FULL NAME: George A. Reeder.

3. (b) Social Security Number: 213-10-0168

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary Reeder
6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): November 26 1892

8. AGE: Years	Months	Days	If less than one day
47	5	15	____ hrs. ____ min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)
10. Usual occupation: Car-Cleaner
11. Industry or business:

FATHER
12. Name: JohnReeder
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Mary Weant
15. Birthplace: Baltimore. Md.

16. Informant: George A. Reeder
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 15 1940 (month) (day) (year)
Cemetery or crematory: National Cem.
Location: Baltimore. Md.
18. Funeral director: M.L. Creager.
Address: Thurmont Md.

19. 5/13/1940 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1940, at 11.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 22 1939 to May 11 1940, and that I last saw h im alive on May 11 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 Yrs
Due to: Tubercle Bacilli	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: First Stage Thoracoplasty and Apicalysis
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Hoodpasture M. D.
Address: State Sanatorium, Md. Date signed: 5/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 15 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05458

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 25 days

Stay in this community (yrs., or mos., or days): 21 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 327 North Bentz St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Florence Miniretta Rentzell

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

B (b) Name of husband or wife: Charles O. Rentzell

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): November 7, 1890

8. AGE: Years 49 | Months 6 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace: Nr. Thurmont, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Edward Angell
13. Birthplace: Nr. Thurmont, Md.

MOTHER
14. Maiden name: Annie Whitmore
15. Birthplace: Nr. Thurmont? Md.

16. Informant: Mr. Charles O. Rentzell
Address: Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 5/25/40 (month) (day) (year)

Cemetery or ~~crematory~~: Haugh's Cemetery

Location: Near Ladiesburg, Md.

18. Funeral director: M.R. Etchison & Son
Address: Frederick, Md.

19. 28 - May - 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23 1940, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 1940, to May 23 1940, and that I last saw her alive on May 23 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 1/2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: B. O. Thomas
M. D. or other
Address: Frederick, Md. Date signed: 5/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05459

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Nr. Broad Run-Jefferson R. D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Jefferson, Md. R. D.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Nr. Broad Run-Jefferson R. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Jefferson, Md. R. D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charles William Rice

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nina Hanes
6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) January 25, 1884

8. AGE: Years	Months	Days	If less than one day
55	3	12	hrs. min.

9. Birthplace Nr. Jefferson, Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business General Farming

FATHER
12. Name Charles William Rice, Sr.
13. Birthplace Nr. Jefferson, Maryland

MOTHER
14. Maiden name Nina Sencil
15. Birthplace Nr. Jefferson, Maryland

16. Informant Mrs. Charles William Rice
Address Jefferson, Md. R. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/9/40 (month) (day) (year)
Cemetery or crematory Pleasant View Cemetery
Location Nr. Burkittsville, Md.
18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. May 7 (Date rec'd by registrar) 1940 Dr. Grayson Bauer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 5:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h[illegible] alive on May 7 1940

Immediate cause of death Cerebral hemorrhage — DURATION: immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. W. Bare (Dr. Ford Ex) M. D. or other
Address Frederick Md. Date signed 5-7-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

05460

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 33 E. Third St.

Stay in hospital or inst. (yrs., or mos., or days) ~~80 yrs.~~

Stay in this community (yrs., or mos., or days) 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 33 E. Third St.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Louis Frederick Ruprecht

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, ~~or divorced~~
male	white	widower

6 (b) Name of ~~husband~~ or wife Mary C. Myers

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 31, 1859

8. AGE: Years	Months	Days	If less than one day
80	9	4	____ hrs. ____ min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation Upholster & Paper Hanging

11. Industry or business

FATHER 12. Name Henry Wm. Ruprecht,

13. Birthplace Germany

MOTHER 14. Maiden name Eva Catherine Duft,

15. Birthplace Germany

16. Informant Mr. Guy F. Ruprecht, Frederick, Md.

Address

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5 / 8 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Maryland.

18. Funeral director M. R. Etchison & Son, Frederick, Maryland

Address

19. 7-May- 1940 (Date rec'd by registrar) J. M. Lewdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th., 1940, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to May 5th 1940 and that I last saw him alive on May 5th 1940

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 48 hours 10 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

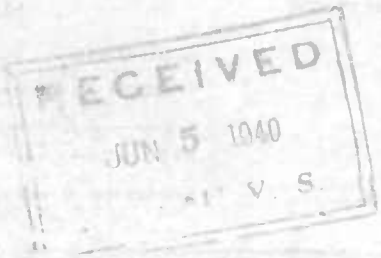
23. SIGNATURE Frank H. Hedge M. D. or other

Address Frederick, Md. Date signed 5/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
JUN 5 1940
V. S.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 131

05461

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City~~ or town Jeffersonie - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Bernard Eugene Ruthvin

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hr. 0 min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation New born

11. Industry or business

FATHER
12. Name George Ruthvin
13. Birthplace Md.

MOTHER
14. Maiden Name Hazel Hawker
15. Birthplace Md.

16 (a) Informant Miss Adelsberger, Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/6/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St Pauls
Location Point of Rocks, Md.

18 (a) Funeral director M. R. Atchison & Son
(b) Address Frederick, Maryland

19 (a) 6-May-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death May 5 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1940, to May 5 1940, and that I last saw him ~~alive on~~ still born May 5 1940.

Immediate cause of death Still born due to prolapse

Due to Cord

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick Md. Date signed 5/5/40

RECEIVED
JUN 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

05462

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 144 B & O Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 144 B & O Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME John Edward Schill

3. (b) Social Security Number 220-03-1432 (Ross) ~~NONE~~

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Louisa Topper

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) January 10, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	16	____ hrs. ____ min.

9. Birthplace Nr. Jefferson, Frederick Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Schill

13. Birthplace Frederick Co., Md.

MOTHER 14. Maiden name Blanche Myers

15. Birthplace Frederick Co., Md.

16. Informant Mrs. John Edward Schill

Address 144 B &O Ave., Frederick, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5/29/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. 27-May 1940 (Date rec'd by ~~registrar~~) Ira F. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940, to May 1940, and that I last saw him alive on May 20-1 1940

Immediate cause of death Coronary thrombosis DURATION Immediate

Due to Chronic myocarditis

Due to

Other conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M.D.

M. D. or other

Address Frederick, Md Date signed May 27-40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05463

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 1Yr 2Days
Stay in this community (yrs., or mos., or days): 1Yr 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 4102 Oakford Ave.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Howard A. Scott

3. (b) Social Security Number: 213-03-6876

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Maude M Scott
6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): January 29 1886

8. AGE: Years	Months	Days	If less than one day
54	3	14	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Hatter

11. Industry or business:

FATHER
12. Name: Howard K Scott
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Lena Starkey
15. Birthplace: Baltimore. Md.

16. Informant: Howard A Scott
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park Cem
Location: Baltimore. Md.

18. Funeral director: Mamie Cook Syfer
Address: Baltimore. Md.

19. 7/11/1940 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION P.M

20. DATE OF DEATH: May 13 1940 5.35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1939, to May 13 1940, and that I last saw him alive on May 13 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3Yr6Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions: Tuberculous Enteritis (Includo pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodfellow M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed 5/13/40

RECEIVED
MAY 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

CERTIFICATE OF DEATH

05464

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Middletown Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME INFANT SHEFFER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	—

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAY 4, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Middletown, Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Frank D. Sheffer

13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Frances V. Barnes

15. Birthplace Boonsboro, Md.

16. Informant Frank D. Sheffer

Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof MAY 6 1940 (month) (day) (year)

Cemetery or crematory Lutheran

Location Middletown Md.

18. Funeral director BLADHILL Co.

Address Middletown, Md.

19. May 6 (Date rec'd by registrar) 1940 D. Grayson Tanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —— 19—, to —— 19—, and that I last saw h— alive on —— 19—.

Immediate cause of death	DURATION
Hydrocephalus.	
Due to Prematurity.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Harp M.D.

M. D. or other

Address Middletown Date signed 4-5-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

05465

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City~~ or town Burkittsville Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifford Smith

3 (b) If veteran, name war No

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1887

8. AGE: Years 53 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Burkittsville, Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Smith

13. Birthplace Md Burkittsville

MOTHER 14. Maiden Name Etta Gaylor

15. Birthplace Md Burkittsville

16 (a) Informant Miss Adelsberger, Emergency

(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 4 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Cemetery

Location Locust Valley near Burkittsville

18 (a) Funeral director Gladhill Co.

(b) Address Middletown, Md

19 (a) 2 May 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death May 1 1940, at 5 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939, to May 1 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death Pulmonary T.B. — Duration 2 yrs +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick, Md Date signed 5/2/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

05466

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or town~~ Point of Rocks (If outside city or town limits, write RURAL and give town)

(d) Street No. Rural (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Baby Boy Spurlock

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 21 1940

8. **AGE:** Years | Months | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation New born

11. Industry or business

FATHER
12. Name Charles Spurlock
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura Seamore
15. Birthplace Virginia

16 (a) Informant Miss Adelsberger, Emergency
(b) Address Hospital, Frederick Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May (month) 27 (day) 1940 (year)

(c) Cemetery ~~or crematory~~ Montevue

Location M. Frederick Md.

18 (a) Funeral director S. Cleveland Front Supt

(b) Address Montevue - Frederick Co. Md.

19 (a) 27-May-1940 (Date rec'd by registrar) (b) Ira J. McGinty Registrar

MEDICAL CERTIFICATION

20. Date of death May 26 1940, at 12 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1940, to May 26 1940, and that I last saw him alive on May 26 1940.

Immediate cause of death Premature birth 7½ months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature R. O. Thomas M. D. or other

Address Frederick Md Date signed 5/26/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52

05467

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 24 S. Bentz
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 24 S. Bentz
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Martin William Swann

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: Colored
6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Martha Weedon

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): April 15, 1874

8. AGE: Years 66 | Months 1 | Days 1 | If less than one day: hrs. min.

9. Birthplace: Nr. Jefferson, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Plummer

11. Industry or business

FATHER
12. Name: Nelson Swann
13. Birthplace: Nr. Jefferson, Frederick Co.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Martin W. Swann
Address: 24 S. Bentz St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5/19/40 (month) (day) (year)
Cemetery or ~~crematory~~ St. John's
Location Frederick, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 17 May 1940 (Date rec'd by Registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16, 1940, at 11:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1939, to May 16 1940 and that I last saw h~~im~~ alive on May 15 1940.

Immediate cause of death: Cancer of Bladder
~~Other~~ Due to, metastasis

DURATION: 5

Due to

Due to

Other conditions: Md.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: [signature]
M. D. or other
Address: Frederick, Md. Date signed 5/17/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (136)

05468

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 1Yr 6Mos 14 Days

Stay in this community (yrs., or mos., or days): 1yr 6Mos 14 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2641 Hampden Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William H. Talbott

3. (b) Social Security Number: 215-03-7243 (Poss.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Virginia A. Talbott

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): February 6 1887

8. AGE: Years	Months	Days	If less than one day
53	3	13	hrs. min.

9. Birthplace: Parkton Md.
(Town, county, and state)

10. Usual occupation: Steel-Worker

11. Industry or business:

FATHER — 12. Name: Jesse Talbott

13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Elizabeth Gladfelter

15. Birthplace: Pennsylvania

16. Informant: William H. Talbott

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 22 1940 (month) (day) (year)

Cemetery or crematory: Weisburg M.E. Cem

Location: Baltimore. Co. Md,

18. Funeral director: Wm. Cook

Address: Baltimore. Md.

19. (Date rec'd by registrar) May 9 1940 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1940, at 8,00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 5 1938, to May 19 1940 and that I last saw him alive on May 19 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1Yr 10Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Funkhouser M. D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 5/19/40

RECEIVED
JUN 5 1940
BUREAU V. S.

05469

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 130

1. PLACE OF DEATH:
County Frederick
City or town Adamstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Adamstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John Edgar Osburn Thomas

3. (b) Social Security Number none

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 14, 1875

8. AGE: Years 64 Months 6 Days 1 If less than one day hrs. min.

9. Birthplace Adamstown, Fred., Md.
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name Thomas L. Thomas.
13. Birthplace Adamstown, Md.

MOTHER
14. Maiden name Mary Catherine Thomas,
15. Birthplace Adamstown, Md.

16. Informant Mrs. E. R. Plummer,
Address Adamstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5 / 17 / 40 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. May 18 — 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th., 1940, at 9.10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1939 to May 15, 1940, and that I last saw him alive on May 13, 1940.

Immediate cause of death	DURATION
Coronary Occlusion	12/20/39
~~Myocarditis~~	~~XXXXXXXX~~
Due to Myocarditis	12/22/40
Myocardial Decompensation	1/1/40
Due to Malnutrition	1/1/40

Other conditions Coronary Sclerosis
Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no (Clinical)

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Jefferson, Md. Date signed 5/16/40

VS A15 (T) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05470

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 29 West Fifth
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 29 West Fifth
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Easter Evelyn Thompson

3. (b) Social Security Number 214-10-1186

4. Sex	5. Color or race	6. (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 29, 1915

8. AGE: Years	Months	Days	If less than one day
24	7	13	hrs. min.

9. Birthplace Mercer County West Virginia
(Town, county, and state)
10. Usual occupation Union Mantg Co.
11. Industry or business Hosiery

FATHER
12. Name James E. Thompson
13. Birthplace Thomasville, W. Va.

MOTHER
14. Maiden name Nancy M. McCall
15. Birthplace Nr. Beckley, W. Va.

16. Informant Mrs. Nancy M. Thompson
Address 29 W. 5th St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5/15/40 (month) (day) (year)
Cemetery or ~~crematory~~ Pautexant Cemetery
Location Near Annapolis, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19 14-May- 1940 (Date rec'd by registrar) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1940 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 39 to May 12 1940, and that I last saw her alive on May 12 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis and Tuberculous Laryngitis	1 Year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. R. Schoolman M. D.
M. D. or other
Address Frederick, Maryland Date signed 5/14/40

RECEIVED
JUN 5 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92P) Reg. Dist. No. 131

CERTIFICATE OF DEATH

05471

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 53 E. Patrick
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 75 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 53 E. Patrick
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Bertha Trail

3 (b) If veteran, name war —

3 (c) Social Security No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 25-1864

8. **AGE:** Years 75 | Months 7 | Days 10 | If less than one day ____hr. ____min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual occupation Church Worker

11. Industry or business Church.

FATHER
12. Name Charles E. Trail
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Adrianna McElfresh
15. Birthplace Frederick Md.

16 (a) Informant Mrs. John B. Harding
(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 7-1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Eline & Son
(b) Address Frederick Md.

19 (a) 6-May '40 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death May 5 1940, at 7 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~May~~ Sept. 5 1940, to May 5 1940, and that I last saw him alive on May 5 1940.

	Duration
Immediate cause of death Cerebral hemorrhage	6 hrs
Due to Hypertension	2 yrs +
Due to Mitral regurgitation	2 yrs +
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** B. L. Thomas M. D. or other
Address Frederick, Md Date signed 5/6/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05472

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
~~City~~ or town: Jefferson R. F. D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 78 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City~~ or town: Jefferson R. F. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Lander
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Charles Henry Waskey

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) ~~Single~~, married, widowed, or ~~divorced~~
Male	White	Widower

6 (b) Name of ~~husband~~ or wife: Florence V. Shaff

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 5, 1861

8. AGE: Years	Months	Days	If less than one day
78	6	20	____ hrs. ____ min.

9. Birthplace: Nr. Jefferson, Fred'k Co. Md. (Town, county, and state)

10. Usual occupation: Retired Postmaster

11. Industry or business:

FATHER
12. Name: Perry Waskey
13. Birthplace: Nr. Jefferson, Fred'k Co. Md.

MOTHER
14. Maiden name: Sarah Crampton
15. Birthplace: Nr. Jefferson, Fred'k Co. Md.

16. Informant: Otis C. Waskey
Address: Lander-Jefferson, Md. R.F.D.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5/26/40 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 5-26-May 1940 (Date rec'd by registrar) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1940, at 12 53 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1934, to May 24 1940, and that I last saw h~~e~~ alive on May 24 1940.

Immediate cause of death: Myocardial decompensation — DURATION: 5/18/40 (1WK)

Due to: Chronic Myocarditis & Coronary Occlusion — 1939 (1YR) 1 May

Due to: Coronary Sclerosis & Senility

Other conditions: Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: C. Leland Brian M. D. or other
Address: Jefferson Md Date signed 5/24/40

RECEIVED
JUN 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

05473

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 4 Mos 16 Days
Stay in this community (yrs., or mos., or days): 4Mos 16 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2009 Eastern Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Adam S. Wilson.

3. (b) Social Security Number: 218-03-7221 (Rose.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Sofia M Wilson
6(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): April 29 1902

8. AGE: Years	Months	Days	If less than one day
38	0	19	____ hrs. ____ min.

9. Birthplace: Baltimore. Md. (Town, county, and state)
10. Usual occupation: Foodhandler
11. Industry or business:

FATHER
12. Name: Peter Wilson
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Eva Dolan
15. Birthplace: Baltimore. Md.

16. Informant: Adam S. Wilson
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 21 1940 (month) (day) (year)
Cemetery or crematory: Sacred Heart Cem.
Location: Baltimore. Co. Md.
18. Funeral director: John M Weber
Address: Baltimore Md.

19. 5/18/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 18 1940, 2.25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to May 18 1940, and that I last saw him alive on May 17 40

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1Yr
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Enteritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodheart M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 5/18/40

RECEIVED
MAY 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05474

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 2Yrs 7Mos 25Days
Stay in this community (yrs., or mos., or days): 2Yrs 7Mos 25Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Dickerson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dora Padgett Wolfe.

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Norman H. Wolfe.

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): November 5 1874

8. AGE: Years: 65 Months: 6 Days: 0 If less than one day: ____hrs. ____min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Alonza Padgett
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Jane Mossburg
15. Birthplace: Maryland.

16. Informant: Dora Padgett Wolfe
Address: Dickerson. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8 1940 (month) (day) (year)
Cemetery or crematory: Monocacy Cem.
Location: Beallsville Md.

18. Funeral director: William B. Hilton.
Address: Beallsville Md.

19. May 6 (Date rec'd by registrar) 1940 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1940, at 3.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1937, to May 5 1940, and that I last saw her alive on May 5 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 20Yrs

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Tracheo-Bronchitis; Tuberculous Enteritis; Genito-Urinary Tuberculosis

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John E. Goodpasture M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 5/6/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

05475

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick Co. Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Burkittsville - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Clarence McKinley Wood

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
male	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 1938

8. AGE: Years	Months	Days	If less than one day
2	2	3	hrs. min.

9. Birthplace Burkittsville Md (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Clarence B. Wood

13. Birthplace Warren Co, Virginia

MOTHER 14. Maiden name Daisy Young

15. Birthplace Page Co, Virginia

16. Informant Clarence B. Wood

Address Burkittsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23, 1940 (month) (day) (year)

Cemetery or crematory Rileyville Cem.

Location Rileyville Va.

18. Funeral director M.R. Etchison & Son

Address Frederick, Md.

21-May-1940 (Date rec'd by registrar) Dra J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 21 1940, and that I last saw him alive on May 20 1940.

Immediate cause of death	DURATION
Lobar pneumonia	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Etchison M. D. or other

Address Frederick, Md Date signed 5/21/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (181)

WITHIN CORPORATE LIMITS OF

Reg. Dist. No. 141

05476

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County ~~Washington Brunswick~~ Frederick
(b) City or town Sandy Hook Brunswick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Schaffer Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Penn. (b) County York
(c) City or town Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Locust.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years ✓

3 (a) FULL NAME Ray Stanley Yoke

3 (b) If veteran, name war none

3 (c) Social Security No. 179-07-1099

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Myrtle Lorie Snyder

6. (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) May 21 1913

8. AGE: Years 27 | Months — | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace Hanover Pa.
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business Barber Shop

FATHER
12. Name Paul Yoke
13. Birthplace York Pa.

MOTHER
14. Maiden Name Balah Boyer
15. Birthplace Hanover Pa.

16 (a) Informant Hannah Snyder
(b) Address Littlestown Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1940 (month) (day) (year)
(c) Cemetery or crematory Christ Church near
Location Littlestown Pa.

18 (a) Funeral director J. W. Little & Son
(b) Address Littlestown Pa.

19 (a) 5-28-40 (Date rec'd by registrar) (b) Jas H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. Date of death May 28 1940, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19__, to _____ 19__, and that I last saw him ~~alive~~ dead on May 28 1940

Immediate cause of death: Fire & second degree burns, shock — Duration: 18 hrs.

Due to: Gasoline explosion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 27, 40
(c) Where did injury occur? Wormatan Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Route 40 (Specify type of place) While at work? yes
(e) Means of injury Gasoline explosion

23. Signature R W Bare Dept. Med Ex. M. D. or other

Address Frederick, Md Date signed 5. 28 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1390)

CERTIFICATE OF DEATH

05477

Reg. Diat. No. 13

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5 Days
Stay in this community (yrs., or mos., or days) 25 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 122 E. Third St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Nellie Irene Boyer Zimmerman

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

8 (b) Name of husband ~~or wife~~ Harry T. Zimmerman

6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan - 12 - 1894

8. AGE: Years 46 | Months 3 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace Kemptown--Frederick County, Md (Town, county, and state)

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name James D. Boyer
13. Birthplace Kemptown, Fred'k Co. Md.

MOTHER
14. Maiden name Addie Baker
15. Birthplace Kemptown, Fred'k Co. Md.

16. Informant Mr. Harry T. Zimmerman
Address 122 E. 3rd St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 5/22/40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 21-May-1940 (Date rec'd by registrar) Dra J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1940 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~May~~ May 16 1940, to May 20 1940, and that I last saw ~~her~~ alive on May 20 1940.

Immediate cause of death Pulmonary Embolism — DURATION 1/2 hr.

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: Of operations Caesarean Sect Twisted Pedicle

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE E P Thomas M. D. or other
Address Frederick, Md. Date signed 5/21/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.